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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/283,011 03/31/1999 PAT 6,207,401  
 which is a DIV of 09/012,135 01/22/1998 PAT 6,716,575  
 which is a CIP of 09/005,268 01/09/1998 ABN  
 which is a CIP of 08/755,728 11/25/1996 PAT 5,962,312  
 and claims benefit of 60/008,809 12/18/1995  
 and claims benefit of 60/023,943 08/14/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>                    </u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
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TITLE  
 Diagnosis and treatment of AUR1 and/or AUR2 related disorders

FILING FEE  RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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